2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2005
Secretary of State

DOCUMENT# P99000047248

Entity Name: SPACE COAST INTERNAL MEDICINE & GERIATRIC CORP.

Current Principal Place of Business:

7075 NORTH US -1
SUITE 500
PORT ST. JOHN, FL 32927

New Principal Place of Business:

7227 NORTH US HIGHWAY 1
COCOA, FL 32927

Current Mailing Address:

7075 NORTH US -1
SUITE 500
PORT ST. JOHN, FL 32927

New Mailing Address:

7227 NORTH US HIGHWAY 1
COCOA, FL 32927

FEI Number: 59-3578159 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RASUL, FAIAZ M
4270 INDIAN RIVER DR
COCOA, FL 32927 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: RASUL, FAIAZ M
Address: 4270 INDIAN RIVER DR
City-St-Zip: COCOA, FL 32927

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FAIAZ M. RASUL, M.D. D 01/11/2005

Electronic Signature of Signing Officer or Director — Date